

Table Visits Assignment

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Introduction:

Studies show that it is less expensive to bring existing customers back than to attract new ones. Consider for a moment the expense of advertising, marketing, media and other tools necessary to attract new customers. With this in mind, we encourage that you get to know your Guests personally and let them know how much you appreciate their visits. This will be an ongoing task to be working on throughout your Tier 2 training.

Your hard work will be rewarded when your Guests begin to do your marketing for you. Returning Guests are equivalent to walking billboards. If Guests return to your restaurant, they must have liked their first experience. As a result, they are going to share that experience with their family and friends or treat them to your establishment. Returning Guests give your restaurant positive exposure.

It's hard to build repeat Guests if you don't know what your Guests like. One way to effectively develop repeat Guests is by building relationships with them. Welcome your Guests to your restaurant and nurture that relationship by getting to know the Guests' names, ask about any local events or charities. This can be done by performing Table Visits. When performing Table Visits, walk through the dining area, talk with Guests, get to know them and ask for positive and negative feedback about their dining experience. Listen to your Guests and handle any negative feedback promptly.

Table Visit Check-Off

Conduct a minimum of 20 table visits daily for the first week and then 25 visits daily for the remaining weeks. Check off your daily completion below.

Week	Each box counts as 5 Guests you did table visits with.				
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Sign-Off: _____ Date: _____

Manager Sign-Off: _____ Date: _____